

Department of Administration
OFFICE OF ACCOUNTS AND CONTROL**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE VEHICLES
VEHICLE CENTS-PER-MILE METHOD****(NOTE: VEHICLES THAT ARE CHAUFFEUR DRIVEN MAY NOT USE THIS METHOD.)****SECTION A: DRIVER AND VEHICLE INFORMATION**

Employee Name: Soc. Sec. #:
(Please Print) **(11 digits)**

Agency: Payroll Acct. #:

Period: FROM: TO:

<u>Vehicle Make/Model/Year</u>	<u>Registration No.</u>	<u>Vehicle Fair Mkt. Value</u>

SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT

(1) Minus (2) = (3)
TOTAL MILES PERSONAL USAGE MILES BUSINESS MILES

AMOUNT OF BENEFIT TO BE INCLUDED IN GROSS INCOME:**A. Personal Usage Miles (from Item 2 above)**(November 1 - December 31).....A.1 Miles(January 1 - October 31)A.2 Miles

B.1 X ¢ = \$
 (Item A.1)

B.2 X ¢ = \$ = (sum of B.1+B.2) B.3 \$
 (Item A.2)

C. Subtract employee supplied gasoline, if any.
 miles x 5.5¢ per mile:

(Personal Usage Miles from Item 2 above \$

D. Gross Fringe Benefit Amount:
 Subtract Item C from Item B3..... \$

E. Subtract Commuter Reimbursement: \$

F. Taxable Fringe Benefit Amount:
 (Subtract Item E from Item D) \$

TO EMPLOYEE: Complete and sign this form in duplicate and return to your payroll office. If more than one vehicle is used under this method, complete separate Form A-95c for each vehicle.

Employee's Signature / Date

NOTE: Under the vehicle cents-per-mile method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles. Substantiating evidence = a log of both personal and business miles. This form will not be accepted if not accompanied by a log.

Department of Administration
OFFICE OF ACCOUNTS AND CONTROL

**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES
ANNUAL LEASE VALUE METHOD**

SECTION A: DRIVER AND VEHICLE INFORMATION

EMPLOYEE NAME SOCIAL SECURITY #:
(PLEASE PRINT) (11 DIGITS)

AGENCY PAYROLL ACCOUNT #:

PERIOD COVERED: FROM TO:

MAKE / MODEL / YEAR REGISTRATION NO. VEHICLE FAIR MKT. VALUE

SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT

MINUS **=**
TOTAL MILES PERSONAL USAGE MILES BUSINESS MILES

X **÷** **=**
ANNUAL LEASE VALUE BUSINESS MILES TOTAL MILES % BUSINESS USE

GASOLINE CALCULATION 5.5 CENTS **X** **=**
OR NO. OF PERSONAL MILES AMOUNT OF GASOLINE

X **=**
TOTAL COST OF GASOLINE % OF PERSONAL MILES AMOUNT OF GASOLINE
(100% MINUS BUSINESS USE%)

= **MINUS** **PLUS** **PLUS**
ANNUAL LEASE BUSINESS USE AMOUNT OF CHAUFFEUR
VALUE (ALV) (BUS. USE % X ALV) GASOLINE AMOUNT

\$ **MINUS** **=** \$
GROSS TAXABLE FRINGE COMMUTER REIMBURSEMENT NET TAXABLE FRINGE
AMOUNT (VEHICLE USE)

TO EMPLOYEE:

Complete and sign this form in duplicate and return to your payroll office. If more than one vehicle is used under this method, complete separate form A-95b for each vehicle.

Employee's Signature / Date

NOTE: Under the annual lease value method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles.

Department of Administration
OFFICE OF ACCOUNTS AND CONTROLAnnual Statement Of Personal Usage For State-Provided Vehicles
Commuting Valuation Method**SECTION A: DRIVER AND VEHICLE INFORMATION**

EMPLOYEE NAME

(PLEASE PRINT)

SOCIAL SECURITY NO.
(11 DIGITS)

AGENCY _____

PAYROLL ACCOUNT NO. _____

* VEHICLE MAKE MODEL _____ YEAR _____

REGISTRATION NO. _____

SECTION B: SCHEDULE OF COMMUTING DAYS AND CALCULATION OF FRINGE BENEFIT AMOUNT

PERIOD COVERED : FROM: _____ TO: _____

Please mark and "X" for each commuting day.

Please mark and "X" for each continuing day.																																TOTAL DAYS
MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
NOV																																
DEC																																
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																

_____ \$3.00 = _____
 No. of Days Commuting X DAY Gross Taxable Fringe Benefit Amount (Vehicle Use)

TOTAL
DAYS

MINUS _____
 \$ Commuting Reimbursement Amount Nov. 1 to Oct. 31) = Net Taxable Fringe Benefit Amount)

TO EMPLOYEE: Complete and sign this form in duplicate and return to your Payroll Office. *If more than one vehicle, list others below

MAKE OF VEHICLE	MODEL	YEAR	REGISTRATION NO.	STATE ASSIGNMENT NO.

ANNUAL REPORT OF STATE-OWNED VEHICLE USAGE

_____/_____/_____
Supervisor Signature Date